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Bib Data Sheet

CONFIRMATION NO. 5337

SERIAL NUMBER 10/610,495	FILING DATE 06/30/2003  RULE	CLASS 600	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. BMT-008AUS
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JPO

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/570,683 05/15/2000 PAT 6,650,932

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 10/03/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	MA	10	9	2
Examiner's Signature: <i>Frances P. Osprey</i> Initials:				

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## TITLE

Medical testing telemetry system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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